

OFFICE OF CAREER AND TECHNICAL EDUCATION-PERKINS
REIMBURSEMENT CLAIM FORM - DUE ON 10th OF THE MONTH

LEA NAME _____
ADDRESS _____

REPORTING PERIOD _____
FISCAL YEAR _____
BUDGET NUMBER _____

	ORIGINAL BUDGET	AMENDMENT	TOTAL APPROVED BUDGET		
FUNDS APPROVED	\$ _____	\$ _____	\$ _____		
	(A)	(B)	(C)	(D)	(E)
	APPROVED BUDGET	PREVIOUSLY CLAIMED EXPENDITURES	CURRENTLY CLAIMED EXPENDITURES	TOTAL CLAIMED EXPENDITURES	BUDGET BALANCE
[1] SALARIES/BENEFITS					
SUPPLEMENTAL/ [2] CONTRACTUAL					
[3] TRAVEL					
INSTRUCTIONAL [4] MATERIAL					
EQUIPMENT [5] (ATTACH INVENTORY)					
[6] SUB-TOTAL					
ADMINISTRATIVE [7] COSTS (5% MAX.)					
GRAND [8] TOTAL					

[9] FUNDS RECEIVED OR REQUESTED PRIOR TO
THIS REPORT [FROM LINE 12 PREVIOUS CLAIM] \$ _____

[10] TOTAL CLAIMED EXPENDITURES (COLUMN D) \$ _____

[11] FUNDS NEEDED TO BE REQUESTED THIS PERIOD
(LINE 9 MINUS LINE 10) \$ _____

[12] TOTAL FUNDS REQUESTED OR RECEIVED THRU
THIS REPORT PERIOD [LINE 9 PLUS LINE 11] \$ _____

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM IS IN ALL THINGS TRUE AND CORRECT AND THAT COSTS WERE INCURRED DURING THE FISCAL YEAR (JULY 1 THOUGH JUNE 30). I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF THE CIVIL RIGHTS ACT OF 1964 AND REGULATIONS ISSUED THEREUNDER REGARDING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL/TITLE

PHONE NUMBER

DATE